

## State of Oregon COVID-19 Emergency Business Grant Application

The Oregon Legislature, in partnership with the Governor, allocated \$22.5 Million of federal CARES Act funds for the purpose of providing financial assistance to small businesses adversely affected by economic conditions as a direct result of the COVID-19 pandemic.

To fill gaps not reached by other programs, these federal funds are directed to adversely affected businesses with 25 or fewer employees. COVID-19 Emergency Business Grant awards to eligible businesses that have received federal funding will be reduced by the amounts of federal funding received from those programs. Businesses may use the proceeds for any business-related operating expenses.

This application is for a business that meets all of the following eligibility requirements:

- The business is headquartered in Oregon and has its principal operations in Oregon.
- If required by Oregon law to be registered with the Oregon Secretary of State to do business in Oregon, the Business is so registered.
- The business has 25 or fewer employees.
- The business was adversely affected in either one of the following two ways:
  - For-profit and non-profit (limited to 501(c)(3) corporations) businesses that were prohibited from operation as directed by Executive Order 20-12.
  - For-profit and non profit (limited to 501(c)(3) corporations) businesses that can demonstrate a one-month decline in sales of50% or more, incurred by the COVID-19 pandemic, beginning in the month of March 2020 up to the date of this application as compared against sales in the month of January 2020 or February 2020, or as compared against the same period of time in 2019.

The following businesses are ineligible to apply for or receive funding under the Program:

- Passive real estate holding companies and other entities holding passive investments.
- Non-profit entities that do not have federal 501(c)(3) status.
- Businesses that experience a decline in revenues for reasons other than those caused by the COVID-19 epidemic (e.g. seasonal or cyclical businesses cycles).
- Businesses that are delinquent on federal, state or local taxes that were due on or before the date of application.
- Businesses that do not comply with all federal, state and local laws and regulations.
- Businesses that have already received grant funds through this State of Oregon COVID-19
   Emergency Business Grant program or from the Statewide Business and Cultural Support Program.
- Businesses that have received more federal CARES funding (e.g. PPP or EIDL) than available to eligible businesses set forth by this program in this application.
- Businesses that do not otherwise meet the eligibility requirements set forth above.

Awards to eligible businesses will be made as a grant. The amount of the grant will be the greater of two figures: 1) based on the number of employees before the COVID-19 crisis, less the amount of any federal assistance received by the applicant; or 2) based on the number of employees before the COVID-19 crisis and the documented amount of fixed operating expenses for the 60 day period of January 1 through February 29, 2020, less the amount of any federal assistance received by the applicant:

- 0-5 employees
  - o \$2,500, or
  - 60-day fixed expenses up to a maximum of \$5,000.
- 6-10 employees
  - o \$5,000, or
  - o 60-day fixed expenses up to a maximum of \$10,000.
- 11-15 employees
  - o \$7,500, or
  - 60-day fixed expenses up to a maximum of \$15,000.
- 16-20 employees
  - o \$10,000, or
  - o 60-day fixed expenses up to a maximum of \$20,000.
- 21-25 employees
  - o \$12.500. or
  - o 60-day fixed expenses up to a maximum of \$25,000.

Calculations to determine the number of employees will be determined based on employee headcount as reported to the Oregon Employment Department on Form 132, for Q4 2019 or Q1 2020.

Business information, ownership information and demographic information will be reported to the State for all applications submitted, reviewed, approved and/or denied. Information reported includes, but is not limited to:

- Name of company
- Employer Identification Number (EIN)
- Oregon Business Identification Number (BIN)
- Amount of PPP, EIDL or other CARES Act funding awarded to the applicant
- · Address of company
- Industry/NAICS
- Amount of State of Oregon COVID-19 Emergency Business Grant award
- Legal business structure
- Number of employees as of February 29, 2020
- Number of employees expected to be retained as a result of this award

<b>Section 1: Business Informatio</b>	n	
Business Name	Business Type	
	Sole	Prop Partnership
	Corporation	LLC
	501(c)(3)	
Telephone		
Street Address		
City State	Zip Code	County
Employer Identification Number (Federal E	EIN)	
Business Identification Number (issued by	Oregon Employment Depart	ment)
		,
NAICS Code (as listed on the businesses	most recent federal tax filing)	
Description of product(s) or service(s) offe	red:	
Section 1A: Business Contact	Information	
Name	Title	
Phone Number	L Email	

## **Section 2: Business Details**

## **Company Principals** Name Title Percent Ownership Title Name Percent Ownership Title Name Percent Ownership Title Name Percent Ownership **Total Percent Ownership** Amount of federal CARES Act funding received: (Including the Paycheck Protection Program (PPP), Small Business Administrations' (SBA) Economic Injury Disaster Loan Emergency Advance program (EIDL); other federal programs to date for emergency pandemic funding), **Amount of COVID-19 Emergency Business Assistance requested**

(If selecting an amount greater than the minimum based on employee headcount, provide documentation of fixed expenses supporting the additional funding requested.)

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How many jobs will be retained at your business as a result of the grant?	(Include jobs lost since
February 29, 2020 that can now be retained because of the grant.)	
Number of Employees:	2020
Check one of the boxes below based on employee headcount on February 29,	2020.
1-5 Employees	
O \$2,500	
Oup to \$5,000 (verification of 60 days fixed expenses)	
6-10 Employees	
<b>\$5,000</b>	
Oup to \$10,000 (verification of 60 days fixed expenses)	
11-15 Employees	
<b>\$7,500</b>	
O Up to \$15,000 (verification of 60 days fixed expenses)	
16-20 Employees	
\$10,000	
O Up to \$12,000 (verification of 60 days fixed expenses)	
21-25 Employees	
<b>\$12,500</b>	
Oup to \$25,000 (verification of 60 days fixed expenses)	

verification of and/or as ap (Check all atta	plicable		expenses, rederai	CARES FI	unding, and Employment if
20-12	Copy o	f Profit & Loss, Inc		Sales Repo	s directed by Executive Order orts demonstrating 50% or
Сору	of recen	nt business utility b	oills and fixed expen	ises:	
	Electri	city	Water/Sewer		Natural Gas
	Phone	•	Garbage		Broadband
	Cell pl	none	Business Mor	tgage state	ement
	Rent/L	∟ease Agreement			
	Other:				
Copy of CARES funding loan agreement(s) and/or verification of deposit of EIDL grant proceeds if/as applicable.					
Oregon Employment Department Form 132  * For businesses with more than 5 employees, provide a copy of Q4 2019 or Q1 2020 Oregon Employment Department Form 132 (redact employee names and Social Security Numbers)					
The information in the information of the informati	on in thi the und the eligi	s application, incl dersigned, comple ibility of the under	te, current and accu signed. Proceeds of	ts and certi urate. The a f the award	ifications, are, to the best of the application presents fairly the are intended to solely support the all the following certifications that
0	The ap	oplicant business	was adversely impa	cted as a c	lirect result of the COVID-19
0	The ap	oplicant business	had 25 or fewer em	ployees as	of February 29, 2020.
0	The ap	oplicant business:			
	0.	Was determined Executive Order		ial busines	s in accordance with Governor's
	0.	Experienced a 5	0% or more reduction	on to sales	as a result of the COVID-19 crisis.

0	If the applicant has received federal financial funding relief through the CARES Act of 2020 (e.g. Paycheck Protection Program or Emergency Injury Disaster Loan assistance program) or any subsequent federal act that provides emergency business assistance as of the date of this application, that federal support has been disclosed in the application.
0	The applicant has not received funding from the State of Oregon through COVID-19 Emergency Business Grant Program, or the Statewide Business and Cultural Support Program as of the date of application.
0	The applicant business is current on all federal, state and local taxes as of the date of application.
0	The applicant business is headquartered in and has primary operations in Oregon.
0	The applicant business is currently registered with the Oregon Secretary of State to do business in Oregon if such registration is required.
0	The applicant business is compliant with all federal, state and local laws.
0	The applicant business agrees to provide business, financial and ownership information necessary to determine and verify eligibility.
0	The applicant business will only use these proceeds to support business-related expenses to maintain operations and/or reopen and that Oregon COVID-19 Emergency Business Grant Program proceeds will not be used for personal purposes.
0	Unless otherwise directed by Executive Order, the applicant is open, or has reopened for business.

Failure to comply with eligible use of proceeds, or making a material misrepresentation about the business and its operations to qualify for an award will be a provision of default of the award and subject the award to recapture. The State of Oregon reserves the right to request additional documentation from the applicant to verify the accuracy and authenticity of the information provided.

Should the State determine a misrepresentation exists creating a default, the award may be forfeited and subject to repayment. Failure to repay or cure a default will result in any and all collection actions permissible by law, including through third party collection services or the Oregon Department of Revenue. The applicant agrees to allow the State to pursue such collection actions.

As these funds are being provided by the State of Oregon, Business Oregon and affiliated state agencies may use your company in future promotions of their programs and services.

## **General Certification**

I certify to the best of my knowledge that all information, contained in this application, including all attachments and certifications, is valid and accurate. I further certify that, to the best of my knowledge:

- 1. The application has been reviewed and approved by the authorized owner(s), managers with appropriately delegated authority, and/or in accordance with the organization's articles of incorporation, articles of organization or bylaws, and
- 2. Signature authority is verified.

Check one:					
applicant's articles of incorp	Yes, I am authorized to submit on behalf of the applicant within authority granted in the applicant's articles of incorporation, articles of organization or bylaws. (e.g., President, Secretary, Chief Executive Officer, Board Chair, etc.)				
applicant's articles of incorp	No, I am not authorized to submit on behalf of the applicant within authority granted in the applicant's articles of incorporation, articles of organization, or bylaws so I have attached documentation that verifies my authority to sign on behalf of the applicant.				
The department will only accept applications with proper signature authority documentation.					
Signature	Date				
Printed Name	Printed Title				